BEST AVAILABLE COPY														
مشرا								TA	Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									09/965030					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			12					RATE	FEE	1	RATE	FEE	1	
FOR 09/27/01			NUMBER FILED		NUMBER EXTRA			BASIC FEI	355.00	OR	Basic Fee	710.00		
TOTAL CHARGEABLE CLAIMS			1 2 minus 20=		· 0			X\$ 8=		OR	X\$18=	·		
INDEPENDENT CLAIMS			3 minus 3 a		• 0			X40=		OR	X80=		ı	
MI	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135		ΘЯ			ķ	
- #	the difference	•	TOTAL		OR	بسيبا	7/0							
CLAIMS AS AMENDED - PART II											OTHER	THAN	ľ	
Ė	121/05	(Column 1)		(Colu		(Column 3)		SMALL	ADDI-	OR 1	SMALL	ADDI	Į	
MA		REMAINING, AFTER ! AMENDMENT		NUM PREVA PAID	OUSLY	PRESENT EXTRA		RATE :	TIONAL		RATE	TIONAL		
AMENDMENT	Total	. 12	Minús .	\$2	<u> </u>	صر •	1.	X\$.9-	1	l _{ori}	X818-	765		
(ME)	Independent	3:	Minus	-3	•	€.0		X40=		OR	X80-	24.		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDE		CLAIM	· []		.+13Sq.		OR	÷270÷			
5	8/15/0)5 · ""				•	ا ج	TOTAL ADDIT FEE		OR	YOYAL ADOIT, FEE	A		
	2/12/1	(Column 2) (Column 2)				(Column 3)		AUGIL PER			AUDII, PEE			
AMENDMENT B		CLAIMES PERMAINING		HOM		PRESENT	ŀ	RATE.	ADD)- TIONAL	:	RATE	ADDI: TIONAL		
	Total	AKENDMENT:	Albinia	= 7	FOR	• 🕒		X8 P=	FEE		X318a	FEE	ŀ	
	Independent	. 3	Minus	***	3	· &,		X40=	 	ΟŖ	X80==		ŀ.	
₹_	FIRST PRESENTATION OF ME		JATIPLE DEPENDENT		CLAIM	MAK			÷	OR				
	; != () !	- 1			: '		.	+135=		OR	+270=	.: <u>.</u>	ĺ	
(01/24/	(Column 1)		(Cabu	m	Column 20	•	ADOIT. FEE	<u> </u>	OR	ADDIT. FEE	•••	ł	
0		CLAIMS		HEAL		(Column 3)	1		ADDI-	i		ADDI-		
ENT		AFTER AMENOMENT		PREVIO	CUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
MON	Total , "	. 9.	Minus	- 2	0	• 6		X\$ 9=.		OR	X\$18=			
AMENDMENT C	Independent	• 3	Minus	•••	3	• •		X40=		OR	X80=			
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR-	+270=	·		
:	" If the entry in column 1 is less than the ntry in column 2, write "O" in column 3. " If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL ADDIT, FEE	0		
		mber Previously P		LOOST. FEE			AUDII. PEEI							